

CATAWBA COUNTY HEALTH DEPARTMENT

Application for Subdivision

PO BOX 389

NEWTON, NC 28658

828-465-8270 TDD: 828-465-8200

1. NAME OF SUBDIVISION _____
2. NAME OF DEVELOPER _____ PHONE # _____
ADDRESS _____
3. NAME OF CURRENT OWNER _____ PHONE # _____
ADDRESS _____
4. DIRECTIONS TO SUBDIVISION _____

5. Total Number of Proposed Lots _____ Lots with Existing Dwellings _____
Lots Applying for A.C.'s (Septic Tank Permits) _____ Lots Greater Than Ten Acres _____ Lots Already Approved _____
6. TYPE OF HOUSING:
Single Family _____ Modular _____
Site Built _____ Multi-family _____
Double Wide _____ Duplex _____
Single Wide _____ Condominiums/Townhouses _____
7. SIZE OF HOUSING/NUMBER OF BEDROOMS (Check All That Apply)
____ under 1,200 square feet ____ 1,801-2,100 square feet
____ 1,201-1,500 square feet ____ 2,101-2,400 square feet
____ 1,501-1,800 square feet ____ over 2,401 square feet
____ 3 bedrooms ____ 4 bedrooms
8. TYPE OF WATER SUPPLY
Individual ____ Community ____ Municipal ____

Please note that the lot(s) investigation and report based on this application is for information and Planning Board use. This does not grant final approval for any lot(s) nor guarantee the issuance of an Authorization to Construct for any lot(s).

The land owner of record authorizes the Catawba County Health Department its authorized representatives to enter upon the premises located at or Pin # _____, Catawba County, North Carolina for the purpose of making the requested evaluations or inspections.

Date _____ Signature of Present Owner/Developer _____

(FOR OFFICE USE ONLY)

Minor Subdivision ____ Major Subdivision ____

Please Contact _____ between 8 am and 9 am Phone _____

Preliminary Fee _____ Date Paid _____ Receipt # _____ Initial _____

Lot Evaluation _____ Date Paid _____ Receipt # _____ Initial _____

White - Office Copy

Yellow - Owner/Agent Copy